

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER		
TYPIST	336	5/8
VERIFIER	291	5-19
CORPS CORR.		
SPEC. HAND	414	2-11-93
FILE MAINT.	TC	2-22-93
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
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SYMBOLS

✓	Rejected
—	Allowed
-	(Through number) Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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